

SERFF Tracking Number:	TRGR-125374396	State:	Arkansas
Filing Company:	Southern Insurance Company	State Tracking Number:	#302191 \$50
Company Tracking Number:	07-196AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Adoption NCCI Loss Costs/07-196ar		

Filing at a Glance

Company: Southern Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

SERFF Tr Num: TRGR-125374396 State: Arkansas

SERFF Status: Closed

Co Tr Num: 07-196AR

State Tr Num: #302191 \$50

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Jerry Mobley

Date Submitted: 12/21/2007

Disposition Date: 12/27/2007

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption NCCI Loss Costs

Project Number: 07-196ar

Reference Organization: N.C.C.I.

Reference Title: Voluntary Advisory Loss Costs

Filing Status Changed: 12/27/2007

State Status Changed: 12/27/2007

Corresponding Filing Tracking Number:

Filing Description:

Adoption of NCCI Item Filing #AR-2007-10 on March 1, 2008 rather than January 1, 2008.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: n/a

Reference Number: AR-2007-10

Advisory Org. Circular: AR-2007-10 & 13

Deemer Date:

Company and Contact

Filing Contact Information

Jerry Mobley, Senior Filings Specialist

5525 LBJ Freeway

Jerry.mobley@republicgroup.com

(972) 788-6619 [Phone]

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Dallas, TX 75240 (972) 788-6609[FAX]

Filing Company Information

Southern Insurance Company CoCode: 19216 State of Domicile: Texas
5525 LBJ Freeway Group Code: 3489 Company Type:
Dallas, TX 75240 Group Name: The Republic Group State ID Number:
(972) 788-6001 ext. [Phone] FEIN Number: 75-6021170

<i>SERFF Tracking Number:</i>	<i>TRGR-125374396</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 filing fee to adopt NCCI loss costs with no change in LCM for one company
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000302191	\$50.00	12/13/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/27/2007	12/27/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	12/26/2007	12/26/2007			
Industry						
Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Company Loss Costs Multipliers	Note To Reviewer	Jerry Mobley	12/26/2007	12/26/2007

<i>SERFF Tracking Number:</i>	<i>TRGR-125374396</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption NCCI Loss Costs/07-196ar</i>		

Disposition

Disposition Date: 12/27/2007

Effective Date (New): 03/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	TRGR-125374396	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Miscellaneous Values Page	Approved	Yes

SERFF Tracking Number: TRGR-125374396 *State:* Arkansas
Filing Company: Southern Insurance Company *State Tracking Number:* #302191 \$50
Company Tracking Number: 07-196AR
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adoption NCCI Loss Costs/07-196ar

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/26/2007

Submitted Date 12/26/2007

Respond By Date

Dear Jerry Mobley,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please confirm the loss cost multipliers you are using. My records indicate that they are:

1.150/1.400/1.750

Is this correct?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

<i>SERFF Tracking Number:</i>	<i>TRGR-125374396</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Adoption NCCI Loss Costs/07-196ar</i>		

Note To Reviewer

Created By:

Jerry Mobley on 12/26/2007 02:07 PM

Subject:

Company Loss Costs Multipliers

Comments:

Dear Ms. Stiffler, Yes. Our LCMs are: 1.150, 1.400, 1.750.

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Miscellaneous Values Page	WC SI MV1	Replacement	unknown ARWC0308-SIC tiers.pdf

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
VOLUNTARY RATES**

ARKANSAS

MISCELLANEOUS VALUES

Loss Cost Multiplier	Rating Tier One.....	1.150
	Rating Tier Two.....	1.400
	Rating Tier Three.....	1.750

Expense Constant	applicable in accordance with Basic Manual Rule VI-B-1.....	\$150
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Minimum Premium (See Basic Manual Rule VI-B-2). The following minimum premium rule is applicable to policies issued under Workers Compensation and Employers Liability coverage.

Minimum Premium.....145 x Rate + Expense Constant, but not more than \$750.

Premium Discount Percentage -- (See Basic Manual Rule VI-B-3). The following premium discounts are applicable to standard premium:

Premium Discount	
First \$ 5,000	-
Next 95,000	10.9%
Next 400,000	12.6
Over 500,000	14.4

Terrorism Risk Insurance Act -	Certified Losses (Advisory Loss Cost).....	0.02
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Maximum Payroll	applicable in accordance with Basic Manual rule 2-E-1 - "Executive Officers ".....	\$ 2,700.00
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Minimum Payroll	applicable in accordance with Basic Manual rule 2-E-1 - "Executive Officers ".....	\$300
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Specific Waiver of Subrogation Rates: Multiply the applicable waiver class premium by 5% subject to minimum premium of \$250.

Blanket Waiver of Subrogation Rates: Multiply the total premium for the applicable exposure by 2% subject to minimum premium of \$250.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/27/2007

Comments:

Attachment:

pc_trans WC lcs 0308 .pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 12/27/2007

Bypass Reason: no change in loss cost multiplier. Filing to adopt NCCI loss costs only.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 12/27/2007

Bypass Reason: Filing to provide date to adopt NCCI loss costs.

Comments:

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Republic Group of Companies				Group NAIC #	3489
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Southern Insurance Company	Texas	19216	75-6021170			

5. Company Tracking Number	07-196ar
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jerry Mobley 5525 LBJ Freeway Dallas, TX 75240-6241	State Filings Analyst	972-788-6619	972-788-6909	Jerry.Mobley@republicGroup.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Jerry Mobley		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0000 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: March 1, 2008 Renewal: March 1, 2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N.C.C.I
17. Reference Organization # & Title	AR-2007-13
18. Company's Date of Filing	December 17, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	07-196ar
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing to adopt the revised loss costs of the National Council of Compensation Insurance in reference item filing # AR-2007-10. Rather than the January 1, 2008 effective date in the filing, we are proposing an effective date on policies dated **March 1, 2008** and later. We are not making any changes in our filed loss costs multipliers.

We have limited writings at this time; however, the N.C.C.I. indicates this has an overall affect of +2.7% on rate level.

Attached are the required filing forms and manual page. The filing fee has been mailed. If you have any questions, please contact me. Thank you for your assistance.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 0000302191

Amount: \$50.00

Check Mailed 12/13/07

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	07-196ar
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
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☒ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
So. Ins.Co	n/a	+2.7%	+740	1	\$27,402		

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	n/a	
5b	Overall percentage rate impact for this filing	-6.1%	
5c	Effect of Rate Filing – Written premium change for this program	-\$1,672	
5d	Effect of Rate Filing – Number of policyholders affected	1	

6.	Overall percentage of last rate revision	-6.1%
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7.	Effective Date of last rate revision	7/1/07
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Miscellaneous Values Page S3-R	[] New [X] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	